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SOME PSYCHOLOGICAL FACTORS INVOLVED IN ORAL HISTORY INTERVIEWING

ROBERT MENNINGER

Are any psychological factors involved in obtaining an oral history interview, and if so, what are they? These are broad questions of mutual concern to the historian, the physician, as well as the psychoanalyst. Although the interviewer may have some emotional reaction to a particular interview or part of one, the comments that follow pertain to the interviewee.

In the process of giving oral histories, people asked to recall events that happened many years in the past may to some extent tax their memory processes. This is obvious but of such importance that it is wise to review briefly the phenomena of memory before discussing the psychological aspects of oral history and memory recall.

Memory is a phenomena of mankind that has been written about since recorded history. Plato, in 354 B.C., was "deeply concerned as to how memory traces were formed and how they were stored."¹ The Greeks also wondered how memories are retrieved. What is the difference, if any, between knowledge when it is first recorded and the same knowledge when later recalled? How is memory related to our sense of time? These are questions, interestingly enough, we are still trying to answer today. The ability to remember and to recall those memories has been the major factor that has enabled man to survive on this planet. Without a memory we would not know how to get home, or who anyone is that we might find in our home if we could get there. We may not know who we are; we wouldn't know anyone in our neighborhood. One would not know how to use a fork, or a knife, maybe not even to eat, and many, many other behavior patterns that we take for granted.

Still, memory is difficult to define and to study. Some investigators feel that we cannot adequately define it to include all of the numerous aspects with which the phenomenon is associated. According to Maryse Metcalfe, "memory is an ambiguous term. It always implies some relationship in time, some connection between a present impression and a past event. Very probably," she continues, "this distinction between past and present is consciously recognized only in man."²

¹Cameron D. Ewen, "Process of Remembering," *British Journal of Psychiatry*, 109:325-40 (May, 1963).

²Maryse Metcalfe, "Problems of Memory," in *Aspects of Learning and Memory*, Derek Richter, ed. (New York: Basic

An accepted definition of memory is the power to retain in the subconscious and revive an impression or idea of which the mind has once been conscious.³ There is a general agreement, however, that the term memory "is an abstraction and covers a complex group of mental activities, some of which can be observed, others only inferred."⁴

There are three essential criteria needed to establish the activity we know as memory. One is *registration*, or the ability to establish a record of an experience in the central nervous system. Another is *retention*, or the persistence of a registered experience. Lastly is *recall*, or the ability to arouse and report in consciousness a previously registered experience. "A good memory involves the capacity to register data swiftly and accurately, the capacity to retain this data for long periods of time, and the capacity to recall them promptly in relation to reality oriented goals."⁵

The observation that some experiences are registered, in toto or in part, in the central nervous system was not questioned until recently. It is not known where exactly this record is kept nor is it known exactly how it is coded. "Only a limited number of perceptg is transformed as an organized pattern into memories."⁶ The bombardment of the central nervous system by all kinds of stimuli picked up by the organs of perception (the eyes, the ears, the nose, the tongue, the skin) is so numerous and frequent that there is doubt that it all can be registered there. The criteria that governs whether an impression or percept will be registered is crucial and important. Where is the selection done? How is it done? And why are certain parts selected by one individual, whereas the same perceptions may be ignored by another individual?

On some occasions a single perception will be registered, while in another situation repeated exposure or presentation is necessary. Registration depends on the level of consciousness and anything that diminishes consciousness (alcoholism, concussion) interferes with registration.⁷

Books, 1966), pp. 5-14.

³Norman Burke Taylor, ed., *Stedman's Practical Medical Dictionary*, Ed. 16 (Baltimore: Williams & Wilkins, 1946).

⁴Metcalfe, "Problems of Memory."

⁵Alfred M. Freedman and Harold S. Kaplan, eds., *Comprehensive Textbook of Psychiatry* (Baltimore: Williams & Wilkins, 1967).

⁶Elio Maggio, *Psychophysiology of Learning and Memory* (Springfield, Ill.: Thomas, 1971).

⁷Alfred M. Freedman, Harold S. Kaplan, and Benjamin

The second criteria is *retention*. The forces and factors that cause the experience to be retained are obviously variable. Some experiences may be remembered vividly for a unit of time, say weeks, then will gradually fade. Some experiences never seem to disappear. Again, we are not sure what governs this or how it is controlled.

The third criteria is *recall*, the ability to arouse a report in consciousness of a previously registered experience. There are two kinds of recall: verbal recall, which is most typical, and operational recall. Either type may be partial or total. Forgetting seems to occur most frequently in this stage and is usually temporary, like forgetting a person's name. Only this stage is amenable to direct observation and measurement.⁸ It is often considered "the most important aspect of memory."⁹

There are also three levels of memory. The lowest is *short-term memory*, lasting only a few seconds. *Medium-term memory*, which extends from a few minutes to a few hours, is the type that enables us to remember a phone number until we can get to a phone to dial it. *Long-term memory*, the highest level, seems to preserve an experience because of its importance, usefulness, or vividness.

The importance of the role that memory plays in our total functioning cannot be minimized. Ewen Cameron puts it this way: "Intelligence may be the pride, the towering distinction of man; emotion gives color and force to his action; but memory is the bastion of his being. Without memory there is no personal identity, there is no continuity to the days of his life."¹⁰

The history of mankind is sprinkled with serious thinkers and researchers who have pondered and investigated the subject of memory, as Plato did, but it has not been until fairly recently, through the development of the electronic microscope, the computer, and various chemical advances, that we have been able to really do more than merely ponder these questions the Greeks posed nearly 2,500 years ago. Yet in spite of considerable research, we still know relatively little about the process. Some of its functions and limitations can be described, but it is not known exactly what it is, where it is, or how it works. It has always been assumed that the process took place in the brain, but recent

S. Sadock, eds., *Modern Synopsis of Comprehensive Textbook of Psychiatry* (Baltimore: Williams & Wilkins, 1972).

⁸Metcalfe, "Problems of Memory."

⁹Freedman, Kaplan, and Sadock, *Modern Synopsis*.

¹⁰Cameron, "Process of Remembering."

evidence suggests otherwise.

A few years ago, Dr. James V. McConnell, an investigator of memory, wrote a paper entitled "Memory Transfer Through Cannibalism" that set off a startling reaction not yet fully resolved. Dr. McConnell, working with the lowly planaria, a flatworm, devised an experiment which seemed to show that the planaria were able to store lessons and experiences (memory) in cells other than the brain, and pass them on to others of the same species. He concluded that "it seems plain that though the brain was necessary for learning, it was not necessary for retaining that learned."¹¹ McConnell went on to postulate the possibility that the RNA (ribonucleic acid) molecule may be where this material is retained. Since then considerable evidence points to a significant role that the RNA molecule plays in the retention of an experience.

Some people would like to think of the brain as a kind of computer, noting its ability to recall material from statistics and data that is fed into it. A computer, however, is not subject to feelings and emotions. On the other hand, human beings are tremendously affected by them. These very feelings and emotions often are recognized by the way they affect one's memory. A computer can only store as many items as its circuits can handle. When full, there is a signal given out that the machine is overloaded and cannot cope with further input. The human brain does not function that way. Some things are excluded from the memory (de-registered so to speak) by ever increasingly more important data that constantly arrives. Although what is important and what is not varies to a considerable extent with every human being, some things are vital to all. We "remember" to breathe; most of us "remember" to eat, to drink, to sleep---all of these things are to some extent involuntary, but at the same time some part of the organism is recalling through some stimuli via some pathways, when and how to do those things. The beating of our heart, the blinking of our eye lids to keep our corneas moist, the moistening of our lips to keep the mucous membranes from drying out are a few other examples of the same phenomena. All this is done in a kind of memory pattern. To some investigators, however, this type of unconsciously controlled behavior is not a good example of "memory", because it does not require conscious "recall" and that disqualifies it as memory. But to the more conscious activities, the role of emotions and feelings are most important in all three stages of the memory process.

¹¹Louise Greenberg, "The Flatworm's Phenomenal Memory," in *SK&F Psychiatric Reporter* (January-February, 1963), pp. 2-5.

To add to the confusion we are unable to study memory in a pure form. It is influenced by so many, many things---fatigue, age, alcohol, food, drugs, illness, hunger, pain. Almost any emotion will have an influence on what we remember or don't remember, varying in each individual at different times under different conditions. One of the major factors that affect memory is one's interest in the subject---what does one want to remember. This paper might be remembered to a greater extent if I were a better writer or presented it differently. The list of what influences memory traces just goes on and on.

A doctor traditionally "takes a history" from a patient about his complaint and relies on the patient's memory to describe the pain or whatever the difficulty. The patient will be asked such questions as "When did it start?"; "What is it like?"; "Have you ever had this before?"; or, "Have you ever had anything similar?" Often times the diagnosis can be suspected by the patient's ability to reflect on certain things---to be able to recall as much information as he can about the symptoms. Physicians have frequently observed patients unable to recall things as clearly as one might expect them to. Whole papers have been written on many aspects of memory and of the other side of remembering-forgetting and the role forgetting plays in the total function of the person.¹² Sometimes people "forget" an event as a protection against the feelings and the emotion associated with that event. Forgetting is not always illogical and pathological. Sometimes it may be very therapeutic.

Psychiatrists are particularly interested in memory and in the total memory process, partly because it may tell us much about how well that person is functioning. We are not too concerned clinically about where it is stored, but the process of what is perceived and how it is recalled are two areas in which psychiatrists are vitally interested. From a purely psychological view, an experience must pass several roadblocks before it may become a memory, to be registered, retained, and recalled. The first of those roadblocks is the *perception*. What and how one perceives is a major concern of psychiatrists in the investigation of psychological illnesses. Any event can be perceived accurately or erroneously, either exaggerated or minimized, or it may not be perceived at all. Distortions and deviations of various kinds may influence what one sees, hears, smells. In what form is this experience stored? Will it be the same when recalled?

¹²Herbert J. Schlesinger, "The Place of Forgetting in Memory Functioning," *Journal of American Psychoanalysis*, 18: 358-71 (April, 1970).

The second roadblock is what we call the *cognitive* reactions. Once the event has been perceived, it is "studied" by further process of memory through recollection, association, comparison, and the like. In a sense, it is the process of thinking---another area that we do not understand very well. Most of this process has to do with organizing one's thoughts in a concise way, and again we can find deficiencies, errors, distortions, or excesses of one sort or another that will cloud the issue or add to the confusion of the memory. Memory itself is tested by psychiatrists for the purpose of, among other things, determining whether an individual can utilize accurately, sensibly, and usefully, this stored information that has been accumulating X number of years and will continue to accumulate. The defects in the memory itself, in the form of judgment errors, fabrications, and even delusions, will have an effect on an "event" historian A is attempting to get client B to talk about. Accuracy may not be as important as the realization that all of us mold, bend, add or subtract to some extent Y units of facts and observations about events, depending on many things, not the least of which is our emotions. How was the event perceived, was it stored in exactly that way, was anything changed in the recall?

Psychoanalysis has demonstrated that a great many memories are unconscious. Psychoanalysis is based on the belief that this is so. Freud's interest arose because of his attempt to explain the ways in which unconscious memories are expressed, through dreams, hallucinations, slips of the tongue, and certain other behavior. The purpose of an analysis is, to some extent, to analyze these unconscious memories and to interpret their meaning. This is obviously not a *carte blanche* statement as to the function of psychoanalysis; however, memory (and forgetting) are extremely important concepts and activities to a psychoanalyst. Freud felt that "any psychological theory deserving of consideration must ponder an explanation of memory."¹³ So-called forgotten memories, forgotten through denial, repression or isolation are ways of keeping the memory from the conscious mind to ward off the fear, anxiety, or some other potential threat. Sometimes it may not be therapeutic to recall a specific experience. Repression of experience is an unconscious defensive mechanism in the functioning of the mind. On the other hand, suppression of memory is a conscious mechanism. Suppression excludes painful memories from consciousness in order to protect the individual from thoughts that may shatter the self image. Psychiatry constantly deals with the

¹³Sigmund Freud, "Project for a Scientific Psychology," in *Origins of Psychoanalysis* (New York: Basic Books, 1954), pp. 349-445.

ability of the individual to protect himself psychologically from outside influences as well as internal threats and conflicts via these and other methods. But if the mind is waging these little struggles and wars about issues, one can ask if there is any therapeutic benefit from oral associations?

One would assume that for the individual giving an oral history it is generally beneficial. It is doubtful he would otherwise give it. He gets some satisfactions and pleasures from it. What kind of satisfactions and to what extent, of course, vary with the individual and the circumstances. Whether satisfaction is derived from the opportunity to sound off, to express one's views, or a psychological release doesn't make a whole lot of difference. There is some satisfaction.

This issue of satisfaction needs to be explained further. In the first place, there is nothing wrong with it. Most of us seem to forget that it is not pathological to try to enjoy one's self, to have some fun and to find satisfaction in doing things. We have a tendency to think of such pleasures as mostly a child's privilege. From one point of view in psychiatry, it is the enjoyment, the satisfactions, that balance out the unsatisfactory, negative aspects of living in this troubled and distressed world. This kind of constructiveness must, however, outweigh associated destructiveness or obviously one is on a disastrous course. Talking about themselves does most people good and on that basis alone it qualifies as one of the most noticeable therapeutic benefits of an oral history.

Many people we take oral histories from are in the twilight of their years; they have made the history that we seek their thoughts and ideas about. Their glory years are often past. The older people get, the more they need these pleasurable satisfactions; sometimes just the chance to talk with someone about what one has done can be of tremendous help. Most of the time people are quite aware that the world goes on without their having much of a role in it---that everybody has his own course to follow and his own ax to grind and his own ambitions to fulfill. Older people tend to be left behind---they cannot keep up. Everyone begins to slow down as age advances. We begin to lose contact with some of our associates and friends and loved ones. All of this focuses on an ever increasing narrowing of one's relationships with people and things in the outside world. Sometimes, to help replace these losses, there is benefit in talking about them. The interviewer's tendency might be to limit those benefits when respondents have trouble keeping their attention focused on a particular subject or the interviewer's line of inquiry.

However, there is another side to the coin. In psychiatry we sometimes encourage a patient to talk, to use his memory to recall things that may not always have been pleasant. We help him to talk about them. One assumes it is therapeutic though not necessarily pleasurable; that is the justification for encouraging the patient to list ideas, feelings, recollections about past events. This predicament of pleasant versus unpleasant seems to me to be one that is experienced less in oral history than in psychiatry. The interviewee has an option to answer or not, while the patient has more of a need to answer or discuss the subject regardless of the content.

Sometimes, as we all know, a person is reluctant to answer a question or talk about a subject. A psychiatrist would begin to wonder why his patient is having difficulty answering the question. As oral historians we can only recognize the reluctance, pass up the answer, and go on. A psychiatrist might choose to pursue the avoidance. It might be a key to a significant area that for some reason, at that moment, the individual could not or would not talk about. It may be something he would talk about later on, but conditions would first have to change. With the development of more confidence and a breakdown of barriers between the doctor and patient, there might come a time when that particular person would be willing and able to share the event with his physician. As an oral historian, though, I would think it very unwise to pursue the subject further. It's true some people want to be "begged" a little bit, and some additional pushing might result in an answer. But hesitancy or refusal to answer would be a warning to go no further.

Possibly the greatest therapeutic benefit is not conferred upon the interviewee at all, but upon history; our collective memory of what has happened to us---us referring to our group, community, nation, society, and world. Through constantly striving to clarify our past with the most accurate information possible, we can hopefully learn what has happened to us and where we have been.